



DES MOINES ACTIVITY CENTER - PARTICIPANT CARD

PLEASE PRINT (all information is kept confidential) MONTH _____, 2010

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ MALE / FEMALE

EMAIL ADDRESS: _____

EMERGENCY CONTACT ***MANDATORY*** (Relative, friend or doctor)

Name _____ Phone () _____

Please check one box in each column below - **we need this information for funding:**

ETHNIC ORIGIN

- | | | | | |
|--|------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hispanic | <input type="checkbox"/> East Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Alaska Indian | <input type="checkbox"/> Indochinese | <input type="checkbox"/> Pac. Islander |
| <input type="checkbox"/> American Indian | | <input type="checkbox"/> African American | <input type="checkbox"/> Russian | <input type="checkbox"/> _____ |

Do you have a disability? Yes ☐ No ☐

What activities are you involved with at the Des Moines Activity Center? _____

Are you interested in being a volunteer? Yes _____ No _____